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CONFIRMATION NO. 2699

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| SERIAL NUMBER 10/021,955 | FILING OR 371(c) DATE 12/13/2001 RULE | CLASS 435 | GROUP ART UNIT 1637 | ATTORNEY DOCKET NO. HO-P02086US1 |
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/255,217 12/13/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/15/2002

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|---------------------------------|--|------------------------|---------------------|--------------------|--------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY TX | SHEETS DRAWING 9 | TOTAL CLAIMS 40 | INDEPENDENT CLAIMS 15 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>Raksha</i> | Initials | | | |

ADDRESS

26271

TITLE

Defects in periaxin associated with myelinopathies

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| FILING FEE RECEIVED 2572 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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